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ABSTRACT

Developed on the assumption that part-time nursing services will eventually become part of a comprehensive health program for each industry served, this 3-part guide contains guidelines for planning, promoting, and developing a part-time nursing service. Part I provides administrative considerations for planning the service and responsibilities of the agency and management. Part II discusses the services offered by the agency, including care for injuries and medical conditions, first aid, health appraisal, followup services for ill or injured employees, health counseling and education, immunization, and keeping records, files and reports. Part III contains selected information which would be useful in program development, including references, and sample contract, record, and report forms. (SB)

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COMMUNITY HEALTH NURSING

for

Working People

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Environmental Health Service

ED056234

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COMMUNITY HEALTH NURSING FOR WORKING PEOPLE

A Guide for

Voluntary and Official Health Agencies

To Provide Part-Time

Occupational Health Nursing Services

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Environmental Health Service
Bureau of Occupational Safety and Health
Cincinnati, Ohio 45202

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Foreword

This guide, "Community Health Nursing for Working People" replaces "Nursing Part-Time in Industry" which was published in May 1965. In 1962, the Division of Occupational Health, Public Health Service, U.S. Department of Health, Education, and Welfare, and the Department of Public Health Nursing, National League for Nursing undertook a study of part-time nursing in small industries. The survey was conducted by Miss Irene D. Courtenay, R.N., and led to the publication "Nursing Part-Time in Industry" in 1965. The original publication was enthusiastically received. Almost 5,000 copies were distributed across the Nation and to foreign countries.

The past five years have made necessary a reappraisal of the booklet and a need for changes. Basic research data and available resources have been updated. The role of the local health department has been delineated in the light of providing public health services to people at the places where they work.

This new guide builds on the pioneer efforts of many devoted persons, in particular those who were instrumental in developing the 1965 publication, Miss Irene D. Courtenay, R.N., Miss Mary Louise Brown, R.N., and Miss Margaret F. McKiever.

Appreciation is expressed to those individuals who assisted in the preparation of the new manuscript for printing.

Jane A. Lee

JANE A. LEE,
Occupational Health Nurse Consultant.

Preface

The need for a revised publication on the provision of part-time occupational health services to small industries became undeniably evident in 1970.

The current national impetus in comprehensive health planning is reflected in changing community health patterns and in the emphasis on the concept of bringing total health services to all members of the community. This includes the workers at their place of employment. It means relating occupational health nursing services in industry with the broader scope of community health nursing. This latter trend, in turn, means placing more emphasis on the nurse's role in health promotion and health maintenance through the delivery of preventive health services, and closer coordination of efforts with local public health programs.

By providing guidelines on how to plan, promote, and develop a part-time nursing service to small industries, this publication will serve a useful purpose for those who wish to enter this area of nursing.

Marcus M. Key, M.D.

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Director,
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JUNE 1970.

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Introduction

Approximately 50 million men and women in the United States work in industries* employing less than 500 workers each, the so-called small plants. With relatively few exceptions workers in small industries do not have the benefit of occupational health services. Many receive only emergency care for injuries, and unfortunately even this service is often inadequate.

The daily problems that small businessmen face leave them little time for considering the advantages of protective services other than those required by law. They may recognize the value of occupational health services but find that individual programs are expensive and that other employers are hesitant to engage in cooperative projects. Nonetheless, there are enough small-plant health programs in operation to show that nursing and other health services can be provided successfully and at a price small businessmen can afford.

The first contract known to specify nursing service on a part-time basis in industry was drawn up in 1908, between the Lowney Chocolate Factory and the Boston Visiting Nurse Association. The following year, the Visiting Nurse Association of Milwaukee began to serve the Pfister & Vogel Leather Co.

From these early beginnings, nursing agency** services in industry increased slowly but steadily, reaching a peak during World War II, and continuing at this level during the early postwar years. Then gradually a decline set in. In recent years few new programs have been started, and little promotional activities undertaken.

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*As used in these guidelines, the term *industry* is used to cover the entire field of economic activities, which are listed in the *Standard Industrial Classification Manual*, as agriculture, forestry, and fisheries; mining; construction; manufacturing; transportation; communication and other public utilities; whosesale and retail trade; finance, insurance, and real estate; services; and government or community.

**As used in these guidelines, the term *agency* means any public health or community nursing organization. It may be a governmental organization, such as a health department with public health nursing service, a voluntary organization, usually a visiting nurse service, or a combination public health nursing service jointly administered by a government and voluntary board.

The smaller the work group, the more difficult it is to arrange for health services. This is especially true where less than 50 workers are employed. These industries are too small to require a full-time nurse, but they could use to advantage part-time nursing in conjunction with periodic visits to the plant by a physician. When services available through voluntary and public health agencies in the community are also used, small industries can provide health benefits that compare favorably with those in larger establishments.

Community Nursing Services

There are many advantages to contracting for service from a community nursing service. Management can budget its nursing costs accurately, since charges are usually based upon the agency's time and overhead costs, as determined by previous experience. A company can purchase the hours of service it needs on a daily or weekly basis and is assured of continuous service by a substitute nurse when the regular nurse is absent. The community health nurse is familiar with community resources and the living customs and conditions of the working force. Often she knows the worker's family through home and clinic visits. She can arrange for and coordinate such services as medical and nursing attention at home, convalescent and hospital care, mental health and rehabilitation services, and emergency treatment at neighborhood hospitals, in addition to carrying on the occupational health program activities management provides for the workers.

Local Health Department Services

County and local health departments have also developed programs for community health nursing in industry (*1*). Those services to improve the health of the gainfully employed generally considered as an extension of the local health department activities, are usually provided without cost to the employer. Other programs are explored with management on the basis of the priority needs of workers. A fee may be established for some services, as a tetanus immunization program.

Initially, it is the health officer who sets the scope of the involvement of the local public health service. He defines the objectives of the program, establishes the policies which will guide his staff in carrying on their activities, and coordinates the new occupational health service with the total public health program. He establishes priorities and insures that the occupational health service is in keeping with the medical pattern of the community.

He coordinates the efforts of the local health department with those of other agencies, such as the State departments of labor and health.

Necessarily, he sponsors an inservice education and orientation program concerning occupational health hazards and codes and laws regulating health and safety.

Preparation of the Guide

In preparing the Guide, part-time nursing services in industry were considered in relation to the scope, objectives, and functions of a full-time occupational health program.

One definition of occupational health is that of the American Medical Association, "Occupational health is a service provided by management to deal constructively with the health of the employees in relation to their work" (*2*). Occupational health programs should meet the employer's legal obligation to provide a safe work environment for his employees; in addition, they should help to prevent work absence and should increase work efficiency. An effective program:

1. Protects employees against health hazards in their work environment.

2. Facilitates the placement and insures the suitability of individuals according to their physical capacities, mental abilities, and emotional makeup in work they can perform with an acceptable degree of efficiency and without endangering their own health and safety or that of their fellow employees.

3. Assures adequate medical care and rehabilitation of the occupationally ill and injured.

4. Encourages personal health maintenance.

The Guide has been developed on the assumption that the part-time nursing service which an agency provides will eventually become a part of a well-planned comprehensive occupational health program for each industry served. It attempts to cover major aspects of such a program, even though the amount and type of nursing service that an agency is prepared to provide or is asked to provide will vary from community to community. The desirability of a broad program does not minimize the value of less extensive nursing services. It is important to remember:

1. Whatever services the agency provides to an industry

should be in keeping with recommended standards.

2. The agency is selling nursing services.

3. The nursing service may stimulate the beginning of a broader occupational health program.

This Guide consists of three parts: Part I considers administration of a nursing service to industry; Part II considers the various types of services that an agency can provide; Part III brings together selected information that should be useful in developing a program. The references and additional publications listed at the close of the book may be secured at moderate or no cost for a basic reference library for each agency.

Chart: Community Health Nursing for Working People

The chart illustrated on the next several pages has been prepared for ready reference and as an aid for personnel to use when describing to industry a nursing service in relation to an occupational health program. Column A lists the activities of an occupational health program; column B, the nursing services; and column C, the responsibilities that management must fulfill if the nursing services are to be carried out by a nurse working part time in industry.

One or more of these nursing services could be contracted for by industry. For example, a nonmanufacturing industry that hires mostly female employees may be interested in a health counseling program to reduce absenteeism. A trucking firm may want to contract for a nurse to assist with the required physical examinations or immunization program for its truckdrivers.

It is to be noted that the manner in which the nursing services are carried on is the responsibility of the nurse and the agency for whom she works. The management responsibility is outlined in the chart in concise terms to help the agency interpret to a plant manager what must be provided and to help the management select the nursing service or services he wishes to purchase.

The chart and any part of the introduction to the Guide may be reproduced and used by an agency to promote their program.

Chart: Community Health Nursing for Working People

OCCUPATIONAL HEALTH PROGRAM ACTIVITIES A	NURSING SERVICES B	MANAGEMENT RESPONSIBILITIES C
1. *Maintenance of a healthful work environment*		
Requires that personnel skilled in industrial hygiene perform periodic inspections of the premises, including all facilities used by employees, to detect and appraise health hazards, mental as well as physical. Such inspections and appraisals, together with a knowledge of processes and materials used, provide current information on the health aspects of the work environment. This information will serve as a basis for appropriate recommendations to management for preventive and corrective measures.	Observes, records, and interprets changes in workers and the work place that indicate an unhealthy person or unhealthful work environment.	Permits the nurse to visit the work area regularly, to observe each worker and the work environment. Provides a two-way channel of communication between health personnel and management, to permit reporting and correction of environmental problems.
2. *Health examinations*		
Consists of preplacement examinations to determine the health status of individual, to facilitate suitable placement, and subsequent examinations, to determine	Plans for and schedules the examinations. Assists physician with the examination	Provides preplacement and other necessary or desirable examinations by a qualified physician.

Chart: Community Health Nursing for Working People—Cont.

OCCUPATIONAL HEALTH PROGRAM ACTIVITIES A	NURSING SERVICES B	MANAGEMENT RESPONSIBILITIES C
whether health is compatible with the work assignment.	and keeps examination records. Interprets findings to the employee and/or to personnel, to aid in job placement and encourage proper health practices.	Provides adequate facilities if examinations are made at work place. Provides files and personnel for record keeping.
3. Diagnosis and treatment		
For occupational injury and disease, diagnosis and treatment should be prompt and directed toward rehabilitation. Diagnosis and treatment of nonoccupational injury and illness cases are not an occupational health program responsibility, with these limited exceptions: 1. In an emergency, the employee should be given the attention required to prevent loss of life or to relieve suffering until	Gives nursing care to the worker who becomes ill or is injured when nurse is in the plant, including care for minor nonoccupational disorders. Does redressings and retreatments for injured workers. Plans and carries out nursing activities that will hasten the return to work of ill or injured workers and will help them understand and follow medical	Complies with the State workmen's compensation law. Provides a qualified physician to give medical direction for nursing services to ill and injured workers. Establishes a procedure for transportation of major emergency cases to physician's office or hospital. Furnishes a health room and adequately

placed under the care of his personal physician. 2. For minor disorders, first aid or palliative treatment may be given if the condition is one for which the employee would not reasonably be expected to seek the attention of his personal physician, or to enable the employee to complete his current work shift before consulting his physician.	advice. Works closely with first-aid workers, in order to provide continuity of care for employees, and strengthen first-aid services. Checks records of care by first-aid workers on next visit to plant to provide followup when necessary.	equips and maintains it. Designates a person or persons to be responsible for first aid when nurse is not in the plant, and arranges for first-aid and refresher training through an authorized source.

4. Immunization programs

The AMA *Guide for Industrial Immunization Programs*, offers the following principles as guides for giving immunization: (1) To employees who are exposed to significant hazards against which immunizations are available; (2) to all employees in the face of impending epidemics which threaten to disable a large proportion of employees; (3) as part of a community-wide program.	Plans for and schedules immunizations. Assists the physician or gives the immunizing agent. Records immunization in the plant records and on a personal record kept by employee.	Establishes a company policy regarding immunization. Explains benefits and procedure to employees, and encourages participation. Provides physician to administer or direct immunization procedure.

5. Medical records

An accurate and complete medical record for each employee is a basic requirement. The record is confidential and should re-	Records all care that she gives and maintains other records in health unit.	Provides a satisfactory recording and filing system and purchases enough nursing time to permit proper main-

Chart: Community Health Nursing for Working People—Cont.

OCCUPATIONAL HEALTH PROGRAM ACTIVITIES A	NURSING SERVICES B	MANAGEMENT RESPONSIBILITIES C
main in the exclusive custody and control of medical personnel. Disclosure of information from an employee's health record should not be made without his consent, except as required by law.	Prepares narrative and statistical summaries monthly and annually, to show extent of nursing and other health unit activities. Reviews the records of first-aid workers and the physician, to integrate them with other health unit records and to assure proper followup for injured workers.	tenance of records.
6. Health education		
Occupational health personnel should educate employees in personal hygiene and health maintenance. The most favorable opportunity arises when an employee visits the health facility. Health education appropriately goes hand in hand with safety education. Health and	Understands the value of health education and the importance of adapting it to the interest and learning capacity of the employees, and to the health and safety problems of the individual industry. Supplements safety education by fore-	Recognizes that health education is a proper and important nursing function, and provides the nurse with enough time and a proper place for both individual and group education. Provides bulletin boards and health education material.

safety personnel should cooperate with supervisory personnel in imparting appropriate health and safety information to workers.	men and safety personnel during her contacts with workers. Makes use of health pamphlets, bulletin boards, films, etc. Arranges for, plans and schedules group meetings or conferences to convey health information.	Encourages participation at group meetings by arranging for employee attendance and by participating in the meetings.

7. Health counseling

Health counseling or the health interview, is a purposeful conversation between the physician or nurse and the worker. It helps him to understand his personal and family health problems and how to handle them.	Provides the worker with an opportunity to discuss his health problems with a person who is not directly associated with his work, and who will provide professional help and understanding. Allows the worker to talk out problems and encourages him to seek additional help when necessary, but limits counseling to matters within her own competence. Helps worker to identify a problem and to plan how to handle it. When appropriate, consults with personnel department or supervisor.	Recognizes that health counseling is an important function of the nurse. Provides enough time for health counseling and the type of health room that permits private conversations. Encourages personnel department and supervisors to refer people with health or personal problems to the nurse. Establishes a policy to facilitate appointments with the nurse, for an employee who wants counseling.

Chart: Community Health Nursing for Working People—Cont.

OCCUPATIONAL HEALTH PROGRAM ACTIVITIES A	NURSING SERVICES B	MANAGEMENT RESPONSIBILITIES C
	Makes referrals to community resources when necessary.	
	8. *Facilities*	
The extent of the facilities needed, including equipment, will depend upon the number of employees, the type of employment and the scope of the occupational health program.	Creates a professional environment that is conducive to good care. Develops a satisfactory working relationship with other departments and company services. Checks on supplies and equipment, to see that adequate dressings, drugs, linens, etc., are on hand, and that equipment is maintained in working order. Helps in the selection of suitable supplies and in purchasing them.	Provides satisfactory space for the health unit and has it properly decorated and equipped. Budgets enough funds annually to maintain facilities and operate the program properly. Provides an organizational framework and a channel of communication for health unit personnel, and appoints a management representative for health unit activities. Prepares a statement outlining the ob-

	Leaves the health unit ready for use by the first-aid worker. Maintains a manual outlining health unit procedures.	jectives of the company health program. Designates the responsibilities of physician, nurse and first-aid worker in carrying out health unit activities.

NOTE.—The occupational health programs activities (col. A), as outlined in this chart, are based primarily upon data from the *Scope, Objectives, and Functions of Occupational Health Programs*, published by the American Medical Association. Cols. B and C are based upon experience and the recommendations of professional and business groups.

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CHAPTER I.—Planning the Service

When contemplating the provision of nursing services to small industry, an agency must consider the following:

1. The capability of the agency to provide the service.
2. The importance of providing it as a benefit to the industry, the community, and the agency.
3. The opportunity to extend community health services to reach the family members most frequently missed by public health services, the working members.

The Advisory Committee

An advisory committee should be formed during the initial planning period and should continue to function after the service is initiated. Membership should be representative of business and the health professions and could include a representative from one or more of the following:

1. A health agency (community health nurse).
2. The county medical society (a member with occupational health interest).
3. Local or State occupational health units.
4. Occupational health nursing.
5. A liability insurance company.

6. Local management.
7. Labor unions.
8. Public relations.
9. Consumer of the service.

The Committee should interpret and reconcile the attitudes of the various professional and business groups on acceptance of a nursing program. It should consider the agency potential in relation to the scope and objectives of an occupational health program and then suggest the type and amount of service the agency can provide based on its evaluation of community interest and need. The committee can assist in all stages of planning, development, and promotion of the service.

The Agency

The amount and type of service that an agency can offer to industry will be determined by the agency's own resources and by the strength of its commitment to improve the health of workers.

Agency resources as a minimum must provide:

1. Personnel, competent and available. (This must include relief personnel.)
2. Funds, immediately available to provide service.
3. Inservice training for all participants in the program.
4. Reference library on occupational health.
5. Specialized consultation services.
6. Medical and legal advisers.

The agency must plan the occupational health nursing service according to its resources and must follow a well-developed schedule for promoting, implementing, and administering the service. It is better to begin in a small way. Growth will come as the demand for the service increases.

Community Needs and Interests

The agency must become knowledgeable about the composition of the community in order to plan for community needs in the proposed service. The Advisory Committee can be of service in this area. Information obtained about the labor force and industries should include as a minimum:

1. Number of establishments employing 500 or less.
2. Number of employees in small establishments by sex and age.
3. Types of industry.
4. Kinds of occupations.
5. Morbidity and mortality rates in the population.
6. Extent of existing occupational health or first-aid facilities.

In addition to utilizing the personal knowledge and experiences of committee members, the agency can call on these other agencies:

1. Local chamber of commerce.
2. Local trade associations.
3. Management and medical associations.
4. Insurance companies.
5. Local occupational health units.
6. State Health Department.
7. State Labor Department.
8. U.S. Public Health Service, Bureau of Occupational Safety and Health.

Although small manufacturing plants are the most likely prospects for the nursing service because their possible health and safety hazards appear to be greater, nonmanufacturing establishments should also be considered. Special employment situations also offer special opportunities; e.g., establishments employing a predominately female labor force have unique health problems, and industries employing the handicapped, the "hard core" from job-training centers, young adults, and the culturally different worker can benefit from the services of the public health nurse.

Promoting the Service

A continuing promotional campaign is needed to inform the community about the new nursing service and to promote its use. The following approaches are recommended:

1. Secure the interest and endorsement of community organizations: Send a written announcement to all local organizations with a possible interest in the service. Notify State health and labor groups. Be prepared to explain the service in detail at local meetings.
2. Inform the general public: Utilize press releases and TV and radio spots to describe the service. Feature items of special interest throughout the year to stimulate and maintain interest.
3. Make personal visits to industry to sell the service.
4. Make and maintain personal contact with management.
5. Use promotional materials: Design colorful and appealing brochures around services that can be provided to the industry. Include descriptive materials explaining industrial exposures and their control, health maintenance benefits, and other pertinent selling points to support the occupational health need for the nursing service.

Promoting the occupational health service takes time. If on the initial visit an employer does not have time to see the nurse or is not receptive, the nurse can leave the promotional materials and ask the manager to request the services if needed before she calls again. The nurse should be sure to follow up any such initial visit.

Consultation

In addition to help from the advisory committee, the agency will want to seek advice from other sources. Specialized consultation is available from city, State, or Federal occupational health nursing consultants. Many insurance companies will also provide nursing consultation upon request. Each agency should determine from what sources consultation is available, and then plan how to use it effectively. (A list of national organizations concerned with occupational health is given in ch. X.)

CHAPTER II.—Responsibilities

The Agency

Agency responsibility for administering nursing services to industry should be delegated to one person as the supervisor or the nurse director. Her duties will vary somewhat from agency to agency, but they may be summarized as follows:

1. To formulate and publish policy and procedure, based upon the suggestions of the advisory committee and other authorities, as a guide for agency personnel.
2. To establish and maintain contact with each industry served.
3. To define the conditions under which the nursing service will be provided and to develop an agency-management contract.
4. To select and prepare the nurses for service in industry.
5. To inaugurate and supervise the service and to evaluate it periodically.

Policy and Procedure

After the agency has determined the scope of its proposed services to industry, a policy statement should be made to reflect the agency's goals, commitment, and course of action. The policy statement will be the basis on which the administrator will develop and proceed to carry out the service. It should be definitive, but flexible enough to adapt to the needs of the particular establishment.

Nurse-Management Relationships

The success of a nursing service depends considerably upon a good nurse-management relationship which must be established initially and maintained throughout the contract period. Nursing functions that could create problems need to be clearly defined to management. Examples of such problems are:

1. Proper medical direction.
2. Communicating with a member of management at the policymaking level.

3. Nursing functions that conform to the regulations of the State nurse practice act, the health agency policy, and the company policy.

The nurse supervisor should help to set up the nursing service in each industry and periodically revisit the plant. An annual meeting with management, the physician serving the plant, and the agency nurse to discuss progress of the service enhances the nurse-management relationships and benefits all concerned.

Contract for Service

Once the basic discussions have been held and all parties concur on the scope of the nursing service, a contract should be drawn up. It can be simple, broad in scope, and brief, but it should state clearly the obligations of both the company and agency. Every contract should be signed by management and the director of the agency. In preparing the contract both hours of service and the fee for service must be considered. See page 51.

A local health department providing part-time nursing services to small industries as an extension of health department services usually does not consider establishing a fee for the service. However, as the service grows and the program expands in scope, the health officer may consider selling the service. This approach is flexible and depends on the philosophy of the agency.

Hours of Nursing Service

The agency must be prepared to advise management on the amount of nursing time needed. Some authorities have estimated that at least 9 hours weekly per 100 employees will be required for a comprehensive service. A rule of thumb is 6 hours weekly nursing time per 100 employees for a minimum service. In addition to program content, other items to be considered in estimating time include type of establishment, the composition of the work force, and geographic location.

Nursing service is most effective when time is arranged in blocks. Less than 2 hours at a time is likely to result in little more than token services and fragmented activities. If possible, the service should be scheduled when most of the employees are working or when work shifts change; this permits better utilization of nursing time.

The Service Fee

When an agency is considering occupational health nursing services for the first time, the NLN Cost Analysis Method (*3*) can be used provided that additional expenditures are considered, such as orientation and training for relief personnel, program planning

and costs for promoting the service. During this first year of the program, a definite sum should be set aside in the budget to defray these additional costs.

When the program has been in effect for some time, the agency should review its fee for service. When fee changes are planned, it is advisable for the agency to notify management promptly to explain the reasons for the change.

Selection, Orientation, and Training of Staff

Personal characteristics of the nurse must be considered along with professional nursing competencies. Establishing rapport with all levels of personnel within the plant is essential. The nurse should not be afraid of getting out in the plant or of getting her hands dirty. A nurse who is experienced in meeting people, who is flexible enough to change with the needs of the industry, who is creative and outgoing, who can initiate a new program and make sound decisions, and who enjoys working with the adult population is bound to succeed. Professional competency is important because many nursing functions in the industrial setting are independently performed.

Both the American Nurses' Association and the American Association of Industrial Nurses have prepared statements on the professional and personal requirements of nurses who will be working in one-nurse units (*4, 5*). These statements can be used as a guide for selecting nurses who will be working in the part-time program.

The nurse who serves in industry should understand basic principles of occupational health nursing (*6*). Information and instruction must be provided on basic occupational health principles in the areas of:

1. Scope and objectives of an occupational health program.
2. Type of health services that can be delivered to workers.
3. Detection of occupational disease signs and symptoms.
4. Care of industrial trauma (and all first-aid measures).
5. Physical, chemical, and biological exposures in industry.
6. Management organization and place of health service in total structure.
7. Source of consultation services.
8. Job demands and man-job interactions.

Every nursing agency providing nursing services to industry should have a reference library on occupational health. Basic texts supplemented by current journals, will be required. (See pt. III for suggestions.) Additional reference material can then be added as the need arises or funds for library expansion become available.

To insure continuity of service, as specified in the contract, the nursing agency will need to prepare a nurse to relieve the regular nurse for vacation and sick leave. The relief nurse should receive the same orientation as the regular nurse and should participate in the inservice education program.

The official health agency planning to provide services to industry may approach staffing patterns differently. For example, a county health department may designate six or eight staff nurses to be responsible for visiting many industries to provide a certain service to workers. It is important in this instance that the entire health department be involved in an inservice education and orientation program on occupational health.

Resource persons within the health department need to know and understand the part-time nursing program in industry. Personnel in health education, dental health, communicable and chronic disease, maternal and child nursing, nutrition, mental health, and those in the environmental programs can greatly contribute to an occupational health program for small industries.

Liability Insurance

It is advisable that no service be started until the nurse is covered by professional liability insurance that protects her while working in the plant. In addition, it is well for the agency also to be covered. Where liability insurance is carried, agency and management should be sure that the policy covers the nurse, the agency, and the company in the event of any malpractice claim that may be made against the nurse (*7*). This should be discussed with the insurance agent and the agency's legal adviser. In many instances, all that is required is the attachment of a rider clause to a standard policy.

Beginning the Service

Before the service in a plant begins, the nurse supervisor should inspect the facilities and equipment in the health unit to be sure that they meet agency standards and comply with the contract.

The nurse assigned to a plant should be introduced to both management and workers and given a conducted tour of the plant in order to become familiar with work processes. She should be briefed on programs and activities that are determined by plant policies, as employment schedules, sick leave, group insurance, maternity leave, and workmen's compensation procedures. Usually, the nurse will not be confronted with emergency situations during her work hours in the plant, but she should be prepared to handle them from the start. She must know what emergency medical resources are available and what means are provided for transporting injured or ill employees.

In each industry, the nurse's responsibilities should be described in a written statement and should be included in the nurse's manual along with medical directives and other important instructions (*8*).

The basic record and report forms required for an employee health service are discussed in detail in chapter V. While the record system is being developed, the use of simple, mimeographed records on a trial basis is advisable before the form is adopted and printed in quantity.

It is wise to consider coding health information initially for future use in a computer system—especially if the agency is interested in studying the health findings for research purposes.

A health interview conducted by the nurse is a valuable tool in assessing the health of individual workers (*9*). The interview enables the nurse to become better acquainted with the employees and can also be used in preemployment and return-from-illness screening examinations. It does not replace a medical examination, for an accurate and complete medical record on each employee is desirable.

In the beginning of the service, the nurse may find that employees will hesitate to come to the health room unless they are ill or injured. Visiting workers at their machines, making frequent plant tours, or even visiting in the lunchroom and snackbar has helped employees get to know the nurse. However, some nurses may find that a swell of minor visits will occur because a new nurse is in the plant.

The Management

Management's responsibilities in preparing for a nursing service includes such items as assigning responsibility for program administration, providing medical direction, formulating program policy, and providing satisfactory facilities and equipment.

One member of management should be made responsible for administering the management aspects of the service. This person should be a policymaking senior officer with an understanding of and interest in employee health services (*10*).

Medical Direction

Management must arrange for proper medical direction. Advice on securing the services of a qualified physician can be obtained from the local medical society and the State or local department of public health. Many companies already have an arrangement with a physician who visits the plant on call, accepts referrals, or provides consultation upon request.

Although the nurse can function under written medical directives, prepared and periodically reviewed by a qualified physician, additional direction is preferable. According to the AMA (*11*), an occupational health program is best accomplished when the physician spends a stipulated amount of time in the plant and has continuing responsibility for administering, as well as working in, the plant occupational health program in which other personnel are engaged. It suggests 2 physician-hours per week in the plant for the first 100 employees and 1 additional physician-hour per week for each additional 100 employees. Modifying this formula to meet the needs of a specific establishment is also discussed in the AMA publication.

Policy

Management should prepare a written statement describing its objectives in providing a nursing service and outlining the relationship between this service and other company services and programs. This statement becomes part of the nurse's policy and procedure manual, along with medical directives from a physician. It defines the scope of the nursing service and provides the nurse with the authority needed to carry out her activities.

The employer should also put in writing the regular policy he wishes the nurse to follow under special circumstances. For example:

1. Supervision of first-aid workers: If the nurse is to be responsible for supervising first-aid workers, the extent of her responsibility and that of the safety personnel should be determined and put in writing.
2. Notification of absenteeism due to illness: A stated policy on absenteeism insures proper cooperation between the personnel department and the health unit. The nurse should be notified when employees are absent because of illness or injury and the tentative date when they may return to work. She can then plan for appropriate followup. She should not, however, be charged with investigating absences.
3. Notification about hazardous materials and processes: If the nurse is to provide appropriate preventive or emergency care she should know what potentially hazardous materials and processes are used in the plant. Management can help protect its employees by providing the nurse with a list of such materials and establishing a policy whereby she is notified when new materials are introduced into the plant or work processes are changed.

4. Transportation of ill or injured workers: Management's policy regarding transportation of ill or injured workers should be well known to the nurse and the first-aid worker. The company may prefer to use a company car, a local police or rescue squad ambulance, or a commercial taxi service. A responsible person should be delegated to accompany the ill or injured employee. Ill employees should be advised not to drive their own cars, and in certain cases, when there is a complaint of vertigo or chest pain, should not be permitted to do so.

The Health Unit

Management is responsible for providing, equipping, and maintaining a health unit at the establishment. While the health unit is being set up, the agency supervisor should be prepared to provide guidance and consultation to management regarding what the nurse will need in order to function properly.

Information regarding plans, equipment, and cost of a health service is available from several sources (*12*, *13*). Consultation is also available from occupational health nursing consultants, insurance companies, and representatives of industrial medical supply companies. The facilities need not be extensive or expensive.

The size of the health room will depend upon the number of employees to be served and the type of service to be provided. One publication recommends one square foot of floor space per employee up to 1,000 employees (*12*). In plants with more than one shift, space is determined by the number of employees on the largest shift.

The health facilities should be located in a quiet area, readily accessible to employees and to transportation. If health examinations are performed on the premises, it may be practical to have the health facilities near the personnel office. However, a compromise may be necessary in order to have the health unit readily accessible to the majority of workers. It must be located at a safe distance from plant operations that have a catastrophe potential.

The need for supplies will vary according to the type of health program required to meet the needs of the particular establishment and the type of operations within the establishment. Many medical supply and drug companies market products designed especially for industrial use. These companies make information and advice concerning their product available through the salesmen representing them.

The health unit ideally should consist of a waiting room, treatment room, toilet, and bed cubicle. Detailed figures on equipment

costs, as well as sample floor plans for various-sized departments, are available from commercial firms.

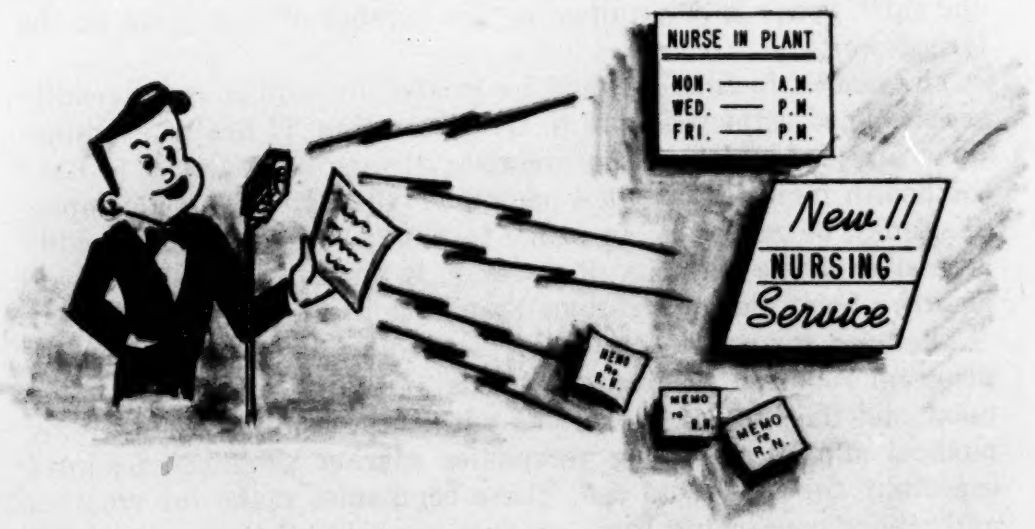
Provision should be made for the proper maintenance of the health room, for cleaning and laundry service, and for establishing a procedure for ordering supplies. Supplies should be checked and replenished routinely. When ordering supplies, it is economical and efficient to buy single, pre-packaged sterile disposable dressings, medications, and equipment. Clerical assistance for the nurse will also be necessary.

Notifying Employees of the New Service

Management and the nurse should plan ways in which employees will be informed of the new service. Several plans are suggested such as:

1. Notice on the bulletin board.
2. Announcement in the company paper.
3. Special newsletter to employees.
4. Memorandum to all departments.
5. Company loud speaker spot announcement.
6. Notices to unions and other employee groups.

It is important that the notification provide a good explanation of the service, how it is to be utilized, and the hours the nurse will be at the plant. A schedule of the nurse's visits should be posted in several areas in the industry for all to see.



CHAPTER III.—Nursing Care Services

The scope of the nursing care service is determined by the philosophy of management, the size and type of the industry, the amount of time allotted for nursing care, and the extent to which the care can be provided in the health unit. How well the nurse functions depends on her professional competency and her familiarity with occupational health nursing principles.

Industries are most apt to be interested in nursing care for illness and injury occurring at the workplace. The majority of these conditions are minor, but the nurse must be prepared to give emergency care for serious injuries and acute medical problems that do occur while she is on the premises. The nurse can also render a valuable service to both employers and employees by making the follow-up contacts in the community which promote continuity of services and coordinated care for workers with major injuries and long-term illness.

The care for illness and injury which a nurse provides in a health unit will be more valuable if information about and knowledge of workmen's compensation legislation is acquired early. Each agency should have a copy of the State Workmen's Compensation Law. Within recent years employee benefits under these laws have been broadened. All States now permit compensation for all or specified occupational diseases as well as accidental injuries. Some State compensation laws by means of second injury funds provide for the awarding of claims to workers who, having a known chronic illness, have proven that the condition was worsened by aggravation or stress from the job. The heart attack precipitated by an unusual working condition is an example of the kind of claim that compensation has been expanded to cover.

Second Injury Funds have been established under most laws in order to meet the problem of the handicapped employee who sustains loss of a member of the body or an eye, or whose second injury results in permanent total disability. The original purpose was to avoid discrimination against the employment of such handicapped workers. Under these laws, the employer pays for the second injury and the remainder of the total award is paid from the fund. Most laws still limit the application of the provisions

to second injuries involving the loss or use of some member of the body, but the trend is toward covering injury or disease that results in permanent total disability.

Each agency or health department affiliated with industrial services must decide on how much care the nurse may continue to give compensation cases. The State Workmen's Compensation Law should be thoroughly searched for legality of care. Copies of the law are generally available from each State's Workmen's Compensation Commission.

Care for Injuries

Minor Conditions

When caring for minor injuries, the nurse uses basic nursing principles, makes nursing judgements, assesses the patient's needs, and proceeds to give care outlined by standing medical directives and physician's orders.

Examples of the many minor injuries occurring regularly in industry are superficial lacerations, splinters, first- and second-degree burns, minor contusions, abrasions, strains, sprains, skin rashes, and foreign bodies, especially in the eyes.

The nurse's professional education and experience will have acquainted her with the proper method of caring for most conditions, but in some instances special instructions may be needed. For example, emergency care for eye injuries requires skill. Many occupational health nurses work under standing orders for care of eye injuries written by a consulting ophthalmologist. Frequently, the industries will arrange to have the nurse spend time with the ophthalmologist for training. Information on eye care should be kept on hand in the health unit (*14, 15*).

The nurse may also need special instructions about the type of dressing to be used and its application. The injured worker will usually return to his job, and the dressing must be comfortable and impervious to moisture, grease, oil, and contaminants. If a wet dressing is applied and the worker is required to wear a protective glove at his job, the wound should be dressed accordingly and the worker instructed on how to care for the dressing during the rest of the day. If he has to work on a machine where a glove or a large bandage might be hazardous, either the dressing must permit him to continue to work safely or his supervisor must be asked to assign him to another job temporarily. For example, wearing a patch over one eye places the worker in an unsafe position since, among other things, his depth perception is affected.

Major Traumatic Injuries

Major traumatic injuries may require immediate lifesaving measures, but care beyond that point will probably not be provided in the plant. The nurse's principal duties, in addition to emergency care, will be to supervise transportation to a physician's office or hospital, to record accurately what has occurred, and to notify all persons having any responsibility for the worker.

Preparing for catastrophic emergencies or disasters is important (*16*). By making plant rounds, reviewing injury reports, and discussing the nature of the work with supervisory and safety personnel, the nurse can anticipate emergency situations. Preparation for them should be a combined management-physician-nurse project. The main points to consider are the kinds of emergencies likely to occur, the necessary equipment and supplies needed, and the written medical directives and first-aid procedures required. A written and rehearsed disaster plan is essential for the proper care of casualties arising from disaster, both external and internal.

Care for Medical Conditions

Conditions such as headache, coryza, sore throat, gastric upset, and dysmenorrhea are usually treated by the nurse according to medical directives, but the treatments should not be provided

indefinitely. An employee who visits the health unit repeatedly and for whom counseling fails to find any underlying reasons for the visits should be referred to his family physician.

Occupational Disease

Only a small percent of the visits to the health unit will be due to illness that is directly associated with the work process. Nevertheless, the nurse should be on the alert for symptoms that indicate a possible environmental exposure (*17*). Respiratory conditions, skin lesions, and hearing disorders are examples of illnesses that may be either occupational or nonoccupational according to how they have been contracted.

The worker who complains of headache and nausea because of "the fumes" might be a chronic complainer, but the possibility of a toxic hazard should not be overlooked. An ocular or respiratory irritation may look like an allergic sensitivity, but similar complaints by several workers doing the same type of work or working in the same part of the plant indicates a possible harmful occupational exposure. There will also be workers with symptoms that are continuous, but are so vague that a review of his work history is advisable.

The nurse should not attempt to diagnose an illness as occupational or nonoccupational, but should be aware of the possible influence of the work environment and familiarize herself with occupational diseases that are apt to occur in industries of the type she is serving. Where an occupational disease is suspected, a complete work history is essential and referrals to the family or plant physician should include copies of this work history.

In these instances, it is important to record all information surrounding the incident, including signs, symptoms, and complete occupational history. The history should not only include the present job, but those occupations previously held by the employee during his work life. These data become a part of the permanent record, aid in diagnoses, and are a source of valuable information if litigation should arise.

If the clinical signs and symptoms are correlated with the patient's work, the nurse makes a significant contribution to the health program by alerting management to the suspected hazardous condition and the possibility of a compensation case.

Major Illness

Healthy employees as well as those with chronic conditions may become seriously ill while at work. The nurse gives emergency care as stipulated in the medical directives and makes the necessary referral to the personal physician or hospital. Policy regarding referrals of all types of conditions should be established for

each plant. It is important to keep accurate records of all major illnesses, such as the cardiac emergency, for these may have occupational significance.

Every employee should be encouraged to have a personal physician for general medical care and for prompt referrals. This is important for health maintenance and for the correction

of nonoccupational health conditions which may be detected. Employees with known defects, such as cardiac conditions, asthma, epilepsy, or diabetes, may experience adverse effects during working hours. The preplacement examination, the health history, and other findings from health examinations provide the nurse with the kind of vital information necessary to prepare for an acute episode.

Some companies permit the nurse to give care for certain chronic conditions when the service is requested by the employee's personal physician. The request for this treatment must be in writing, must be approved by the plant physician, and must set forth appropriate information and instructions, as: Diagnosis, medication, dosage, administration, frequency, and duration. If and when the request expires, it must be rewritten by the attending physician.

First Aid Care

It is important for both management and the agency director to remember that illness and injury will occur when the nurse is not in the plant and to consider this fact when they are developing the contract. One or two first-aid workers with current first-aid certificates from the American Red Cross or some other authorized

agency should always be on duty when the nurse is not there.

The day-to-day picture of first aid in the workplace has been described as a stream of minor injuries and ailments, small cuts and burns, colds and headaches. Serious accidents are rare, but the person providing first aid must be trained and must know his limitations. Prompt action can save a life. In undertaking full treatment of even minor illnesses and injuries, the first-aid worker is shouldering a serious responsibility and must know when to call for help.

The nurse can greatly increase the effectiveness of first-aid services by working cooperatively with first-aid workers. She will be able to provide them with professional guidance, review the records of services given when she is not in the plant, and provide follow-up care or make referrals to a physician.

Several guides for setting up and providing first-aid services in industry are included in the list of additional publications. Literature of this type should be on file in the health unit as an aid to program planning.

If possible, all first-aid care should be given in the health unit. The unit should be equipped to provide services by first-aid workers during the nurse's absence. The amount of equipment and supplies must be in accordance with requirements specified in the medical directives. Supplies for use by the physician and nurse should be kept in locked cupboards to guard against the contami-

nation of sterile equipment, to prohibit the use of drugs, medications, and solutions by unauthorized persons, including first-aid workers, and to prohibit waste of supplies.

All care given by first-aid workers must be recorded. Because the individual's medical record is confidential, separate first-aid record forms should be provided for the use of the first-aid workers. These can be merged later by the nurse into the medical record.

CHAPTER IV.—Nursing and Health Maintenance

This chapter deals with the health maintenance services that many industries provide as part of their occupational health program. The nurse's activities will vary according to industry, but are nevertheless an important part of her service.

Health Appraisal

Preplacement or preemployment examinations are a common industrial practice and the nurse should understand the purpose, content, and application of these and other employee health examinations. Many industries provide periodic examinations for all employees or for special groups, such as older workers, top and middle management, or workers in hazardous positions. Some companies examine employees transferring from one job category to another, returning from illness, or upon retirement.

Plants that provide health examinations may use one of the following methods:

1. The examination is conducted in the plant. Supplementary services, such as chest X-rays, special laboratory tests, electrocardiograms, audiograms, and other screening tests, are conducted where available in the community.
2. The examination is conducted in the physician's office or clinic. Additional supplementary screening procedures are conducted elsewhere.

When the examinations are made outside the plant, the nurse should receive a copy of the physician's report for her information and filing. She may explain the findings of the examination to the employee and to management, when indicated, attempting to see that remediable conditions are corrected. Where the examinations are given at the plant, the nurse assists the physician in the following ways:

1. Planning and scheduling examinations.
2. Taking health and work histories.
3. Performing or scheduling screening activities.

4. Explaining positive findings to the employee and to the personnel director to aid in job placement.
5. Maintaining records and files.
6. Following up on employees with defects.

Multiphasic Screening

A multiphasic screening program is an extension of the health appraisal program. Screening procedures for detection of existing health problems routinely consist of vision, hearing, weight, blood pressure, urinalysis, chest X-ray, cardiogram, and tonometry. More specialized procedures would include cervical Pap smears, sigmoidoscopy, spirometry, mamography, glucose tolerance, and others.

The purpose of the screening programs is not to replace the preemployment or job placement examination, but to aid in the early detection and recognition of disease processes in certain groups of well people. Small plants could not conduct their own multiphasic screening programs, but can be encouraged to cooperate with a community screening program, a specific disease program sponsored by a local health department (as TB or diabetes detection), or to contract for such a service from an industrial clinic. The nurse serving the industry can interpret, promote, and plan for such a program, assist in coordinating it, and act as the liaison source for providing the follow-up and referral services necessary to individual workers. A critical point in any screening program is the action taken after a positive result from the screening test is found.

Nursing personnel from an official local health department who service small industries are in a strategic position to promote screening programs for industrial workers and to provide the follow-up action necessary.

Continuity of Care and Rehabilitation

Follow-up services for the ill or injured employees are important. The nurse should see all employees who receive care by a first-aid worker during her absence; she should schedule revisits to the health unit for employees when dressings need to be changed or the employee's condition suggests that follow up is advisable.

Contributing to the continuity of care is a service that the nurse can give to workers with major industrial injuries or long-term illnesses. Nursing responsibilities in this area include communicating with health agencies, the worker's family, the private physician, hospital, or clinic, and the employer. The nurse's role will be that of a liaison person, who interprets, advises, assists, and helps the employee understand his condition and the medical regime he is to follow.

If these follow-up services cannot be provided through the work setting, it is of utmost importance that the nurse delegate to some health worker in the community her authority and responsibility for seeing that the care of the worker continues on a planned basis.

Rehabilitation services are extremely important to both the company and the worker. Their principal objective is to restore the employee's health and work capacity. When the employee is suffering from an occupational illness or injury, the employer has a direct responsibility for rehabilitation, but he also has a considerable interest in helping to rehabilitate employees with nonoccupational conditions. Work absence is costly regardless of cause (see list of additional publications).

Physicians often permit an earlier return to work when a nurse is in the plant. Nursing activities in rehabilitation include providing constant assurance and hope for the returning worker to the end that he will be able to perform the job he left. Counseling with the employee is necessary to determine what he knows and understands about any physical limitations and to explain that temporary set-backs in his progress and the emotional reactions he is experiencing are not unusual. Other nursing functions may be to supervise restorative exercises, measure the progress of joint movements, assist with care of a prosthesis, and encourage the worker to be involved in his own plan for regaining health.

Where an employee cannot return to his old job, either temporarily or permanently, the nurse can help him adjust to the situation by providing reassurance and understanding and by explaining the necessity for the change. Referrals to vocational centers and job retraining centers in the community are vitally important in these cases.

Health Counseling

Health counseling is an important service that the nurse can provide for employees. She must recognize the various physical, emotional, and social problems that can affect his work. The employee should feel that he can discuss his problems with the nurse without fear of jeopardizing his job.

The counseling session should be held in a quiet place and time given for the worker to talk out his problem. In working with employees, particularly in health counseling, the employee's supervisor needs to know that his worker is visiting the nurse for assistance and that the nurse in turn respects the supervisor's need to keep his men on the job by limiting the interview session accordingly. Employees themselves may seek out the nurse to discuss health or personal problems, but often employees are sent to the health unit by the foreman or supervisor for counseling.

Emotional problems of people who work are generally not severe enough to be diagnosed as psychiatric disorders. Many workers seen by the nurse may have psychosomatic symptoms. The problems often are reflected in absenteeism, alcoholism, and accidents.

Work connected problems that harass employers and involve employees include labor turnover, waste, low production, lost profit, compensation problems, low morale, and interpersonal relations.

The professional nurse will recognize employees who show signs of strain, anxiety, depression, hysteria, addiction, hostility, and irrational behavior. The employee who is permitted to talk about his feelings and express his attitudes to the nurse can often return to his job feeling some measure of relief after a counseling session.

The nurse's role in counseling is more effective when she helps the individual see his problem more clearly and encourages him to make his own plan to resolve the burden. Her effectiveness during these sessions will depend upon her extent of involvement and her ability to recognize the need to make referrals for specialized care. The mental health consultant in a health agency or the community mental health center can be an excellent source of consultative help to the nurse in industry. Several pertinent references on occupational mental health are listed in chapter XI.

Health Education

Health education is an important function of a health maintenance program in industry. To be successful it must be founded on the belief that it is beneficial to improve the health of individuals and reduce the cost of ill health to both the employer and the worker.

The small plant offers an ideal setting for a health education program, especially through the part-time nursing services and the utilization of the nurse's close relationship with the workers.

An ideal program will be based on several points:

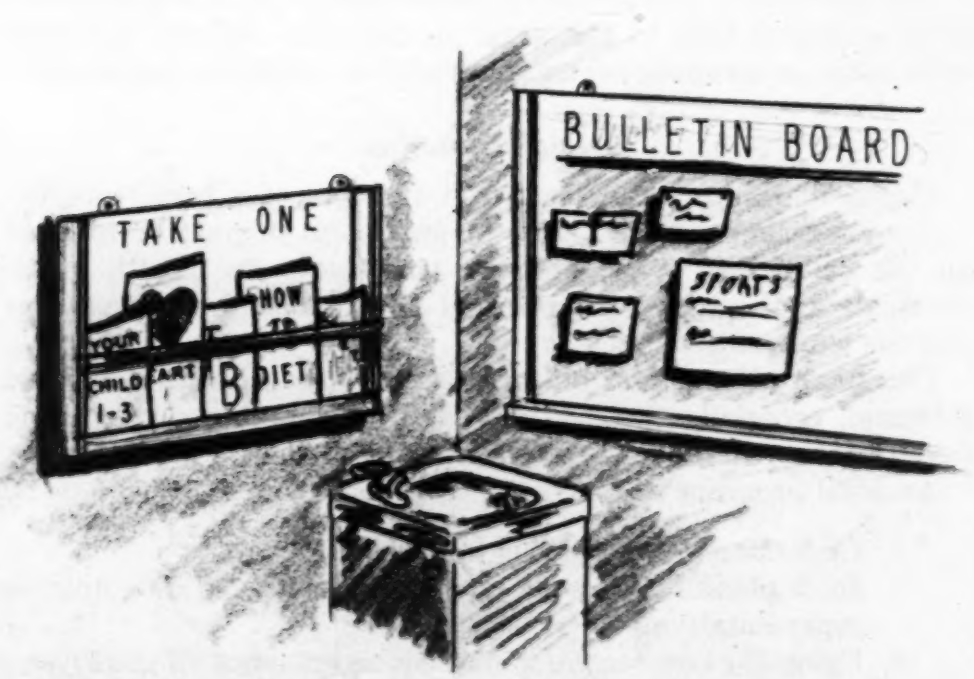
1. Understanding employee needs.
2. Joint planning between nurse, employer, and an employee representative.
3. Using the best teaching methods to influence all employees.
4. Assessing the program by noting actual changes of practice in daily life and health habits.

The one-to-one teaching-learning relationship is most acceptable for direct health instruction. This method provides the nurse additional opportunities to observe the person seeking advice and enhances the nurse-patient relationship.

Group meetings for health education can be effective since they provide an opportunity for individuals to participate in discussions. Such meetings may be held for all employees or for small groups with some specific interest, as for example, "the fat man's club" or a physical fitness group program. The management-employee committee will be useful in planning group meetings, for

it can advise the nurse on subjects in which the employees have a special interest. Health education programs have sometimes failed because the first problems to be considered have been based on what the persons in charge think employees need to know rather than on what the employees have expressed an interest in knowing.

Films may be used successfully in group education. To be of value, they must be carefully selected, shown with technical efficiency, and supplemented with discussion and interpretation. Films are available from various sources. (See pp. 59) The nurse should be familiar with each film and be prepared to lead a group discussion.



Posters, bulletin board displays, and the company paper are also useful media. Attractive pamphlets on many health subjects are available from public and voluntary health agencies at National, State, and local levels. The American Medical Association, the National Safety Council, voluntary health agencies, insurance companies, and other groups also make pamphlets available. Every health unit should have an attractive, well-arranged pamphlet rack, displaying take home material of special interest to the worker.

Evaluating the success of the health education program is difficult.

Some ways to measure the effectiveness of a program are:

1. Use of questionnaire completed by the employees asking what information source influenced him or how he used "take home" pamphlets.
2. A comparison of sickness/absence insurance rates from onset of program to present.
3. Increased interest from employees to continue program.
4. Increased requests for new information.
5. Specific response to a particular program: For example, a yardstick evaluation of an effective health education program developed to influence workers to stop smoking would be an increase in the number of "I Quit" buttons worn by employees.

Immunization

Immunization services as a health maintenance practice are necessary and can be provided to the industry served at little additional cost. The kinds of preventive protection given most frequently in industry are for tetanus, influenza, and poliomyelitis and special immunizations for employees traveling overseas. Some employers also provide immunizations for personnel working in outside areas where they are exposed to poison ivy and poison oak.

Good nursing practice for an immunization program must conform to the legal requirements of the locality. For example, in some areas the nurse may assist the physician as he gives the injections, in others she may give the injection if a physician is present. Current information on recommendations for immunization is available from the U.S. Public Health Service (see additional information).

The International Certificate of Vaccination can be used as an individual record card. This can be obtained from the U.S. Government Printing Office, Washington, D.C. The AMA Personal Health Information Card can also be used for recording immunizations, and the same data entered on the company record.

Summary Schedule of Nursing Duties

The nurse will be largely responsible for developing her own routine. The following outline describes the usual activities of the occupational health nurse:

1. Emergency and palliative care—
   a. Treat each emergency illness or injury according to written medical directives.
   b. Give palliative care for minor illnesses according to written medical directives.
2. Continuity of care and health counseling—
   a. Set up a tickler file for quick reference for patients who need to be seen on certain dates.
   b. Review first-aid records with first-aid workers.
   c. Examine, as appropriate, employees who have received first-aid care since last visit.
   d. Care for employees who require redressing or retreatments.
   e. Evaluate status of employees referred to physician or health agencies.
   f. Hold individual health conferences.
   g. Ascertain apparent health status of employees who have returned to work following absence due to injury or illness.
3. Visits to work area—
   a. Observe the employees at their work place and note signs of health and safety needs.
   b. Follow up employees who have not reported back to the health room.
   c. Reassure workers that the nurse is available for help and assistance.

4. Records and reports—
   a. Record on the health record every visit of an employee.
   b. Transfer first-aid records into the employee's individual health folder.
   c. Keep the person responsible for compensation cases informed of all industrial injury cases.
   d. Take monthly summary sheets to the nursing agency for preparation of the monthly or annual report.

5. Health unit maintenance—
   a. Prepare the unit for work.
   b. Check equipment and supplies and records when necessary.
   c. Have the unit ready for the first-aid workers, leaving adequate supplies, equipment, and record forms available.

6. Special programs—
   a. Schedule and assist with health examinations.
   b. Plan and assist with immunization clinics.
   c. Conduct group health education.
   d. Attend safety committee meetings.

e. Hold scheduled conferences with management about administrative and personnel matters relating to the health service.
f. Hold scheduled conferences with the company physician.

Once a work pattern has evolved, the nurse will want to list the general and special activities in the industry's policy and procedure manual. This will provide continuity of service when the nurse is absent or replaced.

CHAPTER V.—Records and Reports

The records kept in an occupational health unit can provide information needed for proper job placement and health maintenance. They supply essential information relating to illness and injury occurring at the workplace.

While this information has many uses, the confidentiality of certain records must be maintained. "The records," according to the Council on Occupational Health, American Medical Association, "should remain in the custody of the physician and nurse and be kept confidential except as otherwise provided by law. This is often extremely difficult to accomplish in a small plant, but a locked file can be provided for the physician and nurse. Where the personnel department must have access to these files for legitimate reasons, certain confidential medical information can be kept in sealed envelopes. Some medical information cannot ethically be made available to management without the consent of the individual involved, and this should be clearly understood by the employer when the occupational health program is being planned."

Two organizations have developed guides especially for small plants: *A Guide to the Development of an Industrial Medical Records System* by the American Medical Association and *A Guide to Records for Health Service in Small Industries* by the American Conference of Governmental Industrial Hygienists (see ch. XI). In view of the completeness of these guides, only four sample record forms are included in this publication (see p. 55). Copies of both guides should be secured by every nursing agency interested in providing nursing service to industry.

The nurse will use certain forms regularly and others only occasionally, but she should be familiar generally with the types and purposes of records that are usually kept in health units.

Individual Health Folders

It is recommended that a folder be used for each worker and that all information pertaining to his health be filed in it. This method makes it possible to maintain a more comprehensive and effective service than could otherwise be carried out. Individual

folders will alert the nurse to health problems or idiosyncracies including allergies, sensitivities, or chronic conditions. This system will permit a quick evaluation to detect signs and symptoms of underlying or impending illness, either physical or emotional.

Records

All entries should be recorded clearly in ink, dated and signed by the nurse. Coding for computerized data or agency records may be necessary. Services should be recorded in chronological order in concise and accurate statements. The emergency care given by the first-aid worker should be recorded in his handwriting and signed by him (see p. 56). The nurse uses the *same* form to record both occupational injuries and occupational illnesses, filling out the form completely, giving precise information, and using correct anatomic nomenclature and other medically accepted terminology.

The individual health record is the form the *nurse* uses to record her evaluation of worker visits to the health unit for non-occupational reasons, such as counseling for minor complaints (see p. 55). For example, the nurse records a blood pressure

reading of a worker with frequent headaches, the employee's history of headaches, and uses any past information in his health folder as a means of suggesting a referral to his family physician. In this instance, the First Aid Record would *not* be used.

Files

Additional information will be filed in the health folder, as:

1. Health examination record.
2. Laboratory and X-ray reports.
3. Communications from personal physicians.
4. Immunization records.
5. *All* first-aid records.

The health folders should be kept in a locked file in the health center; only the physician and nurse should have access to them. However, some of the information will be needed by management, such as data concerning compensation cases, or absenteeism. A publication by the American Association of Industrial Nurses, *Principles of Privileged Communications for Industrial Nurses* (see ch. XI), will help the agency and the nurse determine how such matters can be handled. A mutually agreed upon disclosure of an illness between the worker, physician, and management is most acceptable.

When an employee leaves the company, the medical health records are still considered confidential. They should be kept in a locked "dead file" as long as specified by law.

Reports

The agency should prepare a monthly and annual report of the nursing service in order to keep management informed on nursing activities.

The tangible benefits to be derived from nursing and other health services are made readily apparent in comparisons of data, such as the company's insurance premium rates, sickness absence rates, labor turnover, and per capita health unit costs.

CHAPTER VI.—Coordinating Nursing Service With Company Programs

The nurse is responsible for coordinating her services with other company activities, especially those related to employee health and welfare, such as personnel, safety, industrial hygiene, and sanitation. To achieve the best results, knowledge about what these programs provide and how they affect total health at work is essential. The nurse should have the ability and the willingness to work out cooperative procedures.

In working with company programs, the nurses's attitude is an important element. The nurse must be friendly, courteous, and objective. She must avoid becoming involved in controversial issues, such as labor-management issues, and must be willing to serve the company and its employees on a sound professional basis.

Because her daily time at the plant is limited, it will take longer to work out satisfactory referrals and other cooperative arrangements. The relationships she builds will reflect the quality of the nursing service in general. Establishing a good relationship with others in the plant will make the nurse's role more rewarding and will contribute to the success of her program.

Personnel Department

Cooperation between the personnel department and the health unit is based upon a definite understanding of what information the health unit can provide and what must be considered confidential.

The nurse can work effectively with the personnel department in a number of ways, including the following:

1. Orienting new employees: New employees should be referred to the nurse for a health interview and for an explanation of health and first-aid services.
2. Planning for a health examination: Schedule the preemployment examination, in or out of plant, and notify personnel if positive results are not consistent with hiring standards.
3. Interviewing on return from illness: Schedule a post-illness conference conveniently for nurse and employee. Insurance

forms stating final diagnosis, dates for fitness for work, and recommendations for work ability must be closely checked.

4. Alerting to workmen's compensation cases: Workmen's compensation insurance is a responsibiilty of the personnel department in small plants. The nurse cooperates by reporting promptly work connected illness or injury, by understanding state workmen's compensation laws, by keeping accurate records, and by making a report of all lost-time cases. All questions of actual coverage should be referred to management, the insurance carrier, or the state compensation agency. Final disposition of these cases is not a nursing responsibility.
5. Rehabilitating workers: Workers who have been ill or injured can return to work sooner if a nurse is in the plant to give care as directed by the physician. The nurse can help disabled workers adjust to the work environment by explaining the limitations of certain rehabilitated workers to their supervisors.
6. Participating in absentee control programs: The preceeding activities help control sickness absenteeism. The nurse should attempt to understand the underlying causes of absenteeism that have to do with the health of the employees and provide health education and promote activities that will help alleviate health problems causing absenteeism. Recommendations for home visiting should be referred to the agency community health nurse.
7. Familiarizing employees with group insurance programs, Medicaid and Medicare: Most employers provide some type of medical and hospital insurance to help defray the expense of nonoccupational illness or injury. The benefits provided by group insurance vary with each establishment; printed material describing these benefits is provided by the personnel office. The nurse should become familiar with the benefits provided by not only the company plan but also should be able to interpret the Federal plans under Medicaid and Medicare.

Safety Program

The nurse can contribute to a planned safety programs if she:

1. Attends safety committee meetings.
2. Reports on accident facts in relation to shops and departments.
3. Insists on preventive measures.

4. Encourages use of protective clothing and safety equipment.
5. Reports on unsafe working conditions.
6. Promotes adequate safety programs in industries not having such programs.

Industrial Hygiene Program

The American Industrial Hygiene Association has defined industrial hygiene as "that science and art devoted to the recognition, evaluation, and control of those environmental factors or stresses, arising in or from the workplace, which may cause sickness, impaired health and well being, or significant discomfort and inefficiency among workers or among the citizens of the community" (*18*).

Industrial hygiene is the responsibility of specially trained engineers and chemists. The nurse's value to this program will be increased if she knows about the processes and materials used in the establishment in which she works; the medical and engineering methods of control; the physical, chemical, and biological effects of exposure to toxic substances; the early signs and symptoms of exposure; and the care necessary in emergencies. She should know what to do under certain conditions and when and how to call on other members of the occupational health team in a consultation capacity.

Consultation in industrial hygiene is available to all plants from official agencies, compensation insurance carriers, and private consultants. Subsidiary plants of large corporations may have these services available from the home office. Routine industrial hygiene surveys are also made from time to time by the official agency.

The nurse can expect to assume some responsibility for activities within the areas of sanitation, food handling, and housekeeping. The degree of her responsibility should be cleared through management before it is assumed.

CHAPTER VII.—Sample Contract

The following sample contract form is a simple statement of the basic provisions of a nursing service contract and should be used only after review and modification by legal counsel to meet the particular situation contemplated. It is illustrative only and is not intended for use as a legal document.

AGREEMENT BETWEEN THE (*Name of Nursing Agency*) AND THE (*Name of Company*).

The (Nursing Agency) will provide a supervised part-time occupational health nursing service to the employees of the (Company) at an hourly rate of $.....

THE (*Nursing Agency*) AGREES TO PROVIDE:

1. The services of a registered professional nurse who has preparation in public health nursing and/or occupational health nursing for . . . hours per day, . . . days per week. As the nursing service develops, or as the company employment changes, the amount of nursing time may be adjusted with the approval of both the (Company) and (Nursing Agency).
2. A qualified relief nurse during the absence of the assigned nurse for any reason to insure uninterrupted service.
3. Full responsibility for and protection of the nurse and relief nurse according to the personnel policies of the (Nursing Agency). This will include provision of workmen's compensation, group insurance, professional liability insurance, accident insurance, and regular health examinations.
4. Supervision of the nurse and assistance in developing the employee health program in cooperation with management and the plant physician.
5. A monthly and annual statistical and narrative report of the total health service.
6. A regular cost analysis of the nursing service, management to be notified promptly of changes in the cost of providing the occupational health nursing services.

THE (Company) AGREES TO PROVIDE:

1. A licensed physician who will be responsible for the medical direction of the health service: Visit the establishment at least once a week, provide written medical directives for the nurse and first-aid workers, and provide medical consultation on plant health problems.
2. A written statement of the program and policies of the employee health service.
3. A health unit adequately equipped and maintained in accordance with the requirements indicated for the size and type of establishment.
4. A member of management who will be responsible for the nonmedical administration of the health service.
5. Health records of the type required for both the legal and health aspects of the health service.
6. Opportunities for conferences between the agency nurse, management, and physician for periodic review of the health service.
7. Two employees on each shift with curent first-aid certificates to be delegated the responsibility for providing first-aid care in the absence of the nurse.
8. A rider clause attached to the company liability insurance policy, or equivalent, protecting both the nurse and the company.

These provisions may be modified upon mutual agreement or this agreement may be terminated upon 30 days written notice by either party.

By _____ By _____
(Nursing Agency) (Company)

Dated this _____ day of _____, 19__.

CHAPTER VIII.—Work Injury and Disease Rates

The American National Standard Institute* has established methods of recording and measuring work injury experience. Injury rates compiled in accordance with this standard are used to evaluate accident prevention and safety activities within an industrial establishment.

The ANSI Z16 code defines a work injury as any injury or occupational disease suffered by a person which arises out of and in the course of his employment; i.e., resulting from work activity or environment of employment. The code defines an occupational disease as a disease caused by exposure to environmental factors associated with employment.

There are six classifications of work injury:

1. Death.
2. Permanent Total Disability.
3. Permanent Partial Disability.
4. Temporary Total Disability.
5. Disability Injury (sometimes referred to as a Lost-Time Injury).
6. Medical Treatment Injury.

The ANSI publication interprets in detail the evaluation of severity, exposure, and measures of injury experience, and classifies special cases. Frequency and severity rates are explained in detail.

*American National Standards Institute, *Method of Recording and Measuring Work Injury Experience* Z16, 1967. 10 East 40th St., N.Y., N.Y. 10016.

CHAPTER IX.—Sample Record and Report Forms

The four record and report forms shown here are modified versions of forms now being used in occupational health. When a record system is being developed or revised, it is recommended that the two publications previously cited in chapter V be obtained and studied. Modification of the sample forms may be necessary to meet the needs of a particular health program. When in doubt about the adequancy of a new form, it is advisable to have a trial run before printing the forms in quantity.

Individual Health Record Form (Sample 1)

This form provides a continuous record of all of the employee's visits to the medical department for nonoccupational complaints. The value of the form is that it acts as an index of the employee's health. It can be of great help to the physician in making a diagnosis and to others in employee health maintenance, in health education, and in counseling.

Since this form is used often, many companies prefer to have the patient's name at the top for handy reference rather than the title of the form or the name of the company. However, from experience it has been proven that the social security number is the best known means of identification.

*Sample 1.—Individual Health Records**

Name (Last) (First) (Initial)			Social Security or Employee No.	Sheet No.
Date	**Time**	**T.P.R.**	**Diagnosis, complaint, treatment, and advice.**	**Treated by**

Health Record

XYZ Company

*American Medical Association. Council on Occupational Health. *Guide to Development of an Industrial Medical Records System.* Chicago: The Association, 1962.

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First-Aid Record Form (Sample 2)

This form serves as an original record of all injuries and illnesses as recorded by the first-aid worker or the nurse at the time of the visit and insures continuity of care and follow up.

It protects both the employer and the employee in case of litigation, and it provides the basis for the detection of unsafe practices within the plant.

It also serves as a guide to the first-aid worker in recording pertinent information.

The form should be completed by the first-aid worker and/or the nurse whenever he or she gives any treatment to an employee. Each block should be filled out in ink and signed by the person attending.

Under "history of injury or illness" give a short story of what happened in the worker's own words as to how the injury occurred, or his personal health complaint. Under "nature of injury or illness" give the complaint or findings and the part of the body injured, type of injury, and how severe it seems to be. Record treatment given, any medication given, and disposition as to whether the worker was sent back to work, home, doctor, or hospital.

The first-aid record should be reviewed by the part-time nurse, before it is filed in the health folder. It should be considered an active record as long as the worker is under care. Notations can be made under treatment and progress to date until the condition is completely improved and the patient discharged from care. The date for discharge is entered at the bottom of the record.

Sample 2.

Soc. Sec. No.	First-Aid Record		Occurred
Name		Badge No.	Date & hour
Department	Foreman	Place of occurrence	Date reported

History of Injury or Illness (Patient's Statement):

Nature of Injury or Illness:

Was employee injured at work? Yes:___ No:___

Disposition	Work	Home	Hospital	Doctor	Signed:	R.N. M.D. First aider

Treatment and Progress Remarks

Date

Date Discharged From Health Service:

*Daily Record Log * Form (Sample 3)*

Since the individual health records will include complete information regarding visits to the Health Unit, the daily record or log is to be used primarily to obtain minimum statistics for periodic reports and to provide a chronological record of services given.

Sample 3.

Directions for use: A bound book or individual sheets may be used for this purpose. Reason for visit or service given should be as brief as possible. Using the same terminology as in periodic report forms will facilitate tallying or tabulating reports. If desired, another column with the heading "By whom given" may be added to the form.

Daily Log

Date_____

Time	Department	Name	Reason for visit; service given; disposition

Monthly Report Form (Sample 4)

The monthly summary report is completed by the nurse with assistance from the personnel and safety managers. All other department health and safety statistics should be consistent with the health unit totals. A yearly report is readily compiled from the monthly report.

*American Conference of Governmental Industrial Hygienists, Subcommittee on Plant Records. *Guide to Records for Health Services in Small Industries.* Cincinnati, Ohio 1960.

Sample 4.—Monthly Summary Report

Name of Company

Employees:
Total_____
Male_____
Female_____

Occupational conditions:
Total_____
1st visit_____
Revisit_____

Nonoccupational conditions:
Total_____
1st visit_____
Revisit_____

Seen by:

Physician____ Nurse____ First-aid Worker____ Referred to Others____

Examinations____ (Count separate) Laboratory Work____ X-rays____

Occupational	This Month	Last Month		This Month	Last Month
Lost time cases.....			Sickness absence (days)..		
Injury frequency rate...			Frequency rate.....		
Injury severity rate....			Severity rate.....		

Special Activities During Month:

Narrative Report:

Date_____, 19___. Report prepared by_____R.N.

CHAPTER X.—National Organizations Concerned With Occupational Health

Organization	Interest and service
American Association of Industrial Nurses 79 Madison Ave. New York, N.Y. 10016	Occupational Health Nursing Literature Guides—Publish: Journal of Occupational Health Nursing.
American Cancer Society 219 East 42d St. New York, N.Y. 10017	Health Educational Material: Literature, posters, films, speakers, also available through local cancer society.
American Conference of Governmental Industrial Hygienists 1014 Broadway Cincinnati, Ohio 45202	Occupational Health (all disciplines) Committee work—publications—guides, newsletter; i.e., prepare list of "Threshold Limit Values."
American Heart Association 44 East 23d St. New York, N.Y. 10010	Health Education Material, also available through local heart associations.
American Industrial Hygiene Association 25711 Southfield Rd. Southfield, Mich. 48075	Industrial Hygiene: Publish: American Industrial Hygiene Association Journal.
American Medical Association 535 North Dearborn St. Chicago, Ill. 60610 Attn: Department of Occupational Health	Industrial Medicine: Occupational Health, Occupational Health Nursing: Excellent material on all subjects. Publish: Archives of Environmental Health.
American National Red Cross 17th & D Sts., NW. Washington, D.C. 20006	Tests, manuals, films. (First-Aid Training in Plants.)
American National Standards Institute 10 East 40th St. New York, N.Y. 10016	Coordinating agency for all organizations interested in providing national standards. Publications available for general work standards and standards pertaining to specific industries.

Organization	Interest and service
American Nurses Association 10 Columbus Circle New York, N.Y. 10019	Nursing in general, community health nursing. Literature—guides —newsletter for members. Publish: American Journal of Nursing
American Public Health Association 1790 Broadway New York, N.Y. 10019	Publish: Journal of American Public Health Association.
Industrial Hygiene Foundation 5231 Centre Ave. Pittsburgh, Pa. 15232	Publish: Industrial Hygiene Digest.
National Association of Manufacturers 2 East 48th St. New York, N.Y. 10017	Promotes industrial medical programs and comments on national issues related thereto through its Employee Health and Safety Committee.
National Committee on Alcoholism 2 East 103d St. New York, N.Y. 10029	Literature for industry—employees —occupational health nurses. Educational materials on loan.
National League for Nursing 10 Columbus Circle New York, N.Y. 10019	Nursing and Community Involvement. Publish: Nursing Outlook.
National Safety Council 452 North Michigan Ave. Chicago, Ill. 60611	Industrial safety: Annual Publication: "Accident Facts." Prepare national injury frequency and severity rates by type of industry. Bulletin and Poster service.
National Society for the Prevention of Blindness 79 Madison Ave. New York, N.Y. 10016	Pamphlets and other publications. Sponsor: Wise Owl Club of America.
National Tuberculosis and Respiratory Disease Association 1740 Broadway New York, N.Y. 10019	Literature—professional and health education. Posters, speaker services. Multidisciplinary Bulletin—11 issues yearly at no cost.
Occupational Health Institute, Inc. (nonprofit educational organization created by the IMA) 28 Jackson Blvd. Chicago, Ill. 60602	Literature—Accreditation of Medical Services in Industry: Program of evaluation and approval certification of Medical Services in industry. (Small establishments with part-time medical/nursing service also eligible for accreditation appraisal upon request.)

Organization	Interest and service
U.S. Department of Health, Education, and Welfare Public Health Service Bureau of Occupational Safety and Health 1014 Broadway Cincinnati, Ohio 45202	Occupational health—all areas. Research services—training—consultation—preparation and compilation of occupational health literature.
U.S. Department of Labor Washington, D.C. 20210	Collects and publishes data on the subject of labor: Hours, wages, promotion of good work standards.
U.S. Government Printing Office, Superintendent of Documents Washington, D.C. 20402	All governmental publications. List publications available on request.

CHAPTER XI.—Selected Additional Reference Publications

American Association of Industrial Nurses, Inc. *Principles of Privileged Communications.* New York: The Association. 1961. $0.40.

American Conference of Governmental Industrial Hygienists. *Guide to Records for Health Services in Small Industries.* Cincinnati, Ohio: The Association. 1014 Broadway. 1957. 25 pp. $1.

American Medical Association, Department of Occupational Health. *Guide to Development of an Industrial Records System* (No. 223) Chicago: The Association. 1963. 28 pp.

American Medical Association, Department of Occupational Health. *The Physician and Sickness Absence* (No. 285) Chicago: The Association. 1967.

American Medical Association, Department of Occupational Health. *Publications of the Council on Occupational Health.* Chicago: The Association, 1968. 10 pp.

American National Red Cross. *First Aid Textbook.* 4th ed. New York: Doubleday & Co., Inc. 1967. $0.75.

American Public Health Association. *Local Health Officials Guide to Occupational Health.* New York: The Association. 28 pp. $1.50.

Bell Telephone Co. of Canada, Medical Department. *What To Do About Absenteeism.* Montreal, Quebec, Canada.

Brown, Mary Louise. *Occupational Health Nvrsing.* New York: Springer Publishing Co., Inc. 1956. 276 pp. $4.50.

McKiever, Margaret F., and Siegel, Gordon S. *Occupational Health Services for Employees: A Guide for State and Local Governments.* Public Health Service Publication No. 1041. Washington: U.S. Government Printing Office, 1963. 9 pp. $0.35.

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Metropolitan Life Insurance Co. *Your Employee Health.* New York: The Company, 1958. 24 pp.

Rause, Kenneth A. *What To Do About the Employee With a Drinking Problem.* Chicago, Ill.: Kemper Insurance.

Rusalem, Herbert, Ed.D., Baxt, Roland and Barshop, Irving. *Rehabilitating the Older Disabled Worker Vol. I.* New York: Federation Employment and Guidance Service, 215 Park Avenue. 89 pp.

Rusalem, Herbert, Ed.D. *The Vocational Adjustment of the Older Disabled Worker: A Selective Review of the Recent Literature Vol. II.* New York: Federation Employment and Guidance Service, 215 Park Avenue, New York.

Schwartz, Louis. *The Prevention of Occupational Skin Diseases.* New York: Association of American Soap and Glycerine Producers, 259 Madison Avenue, New York. 1955. 42 pp.

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U.S. Department of Health, Education, and Welfare, National Clearinghouse for Mental Health Information. *Occupational Mental Health: An Emerging Art.* Public Health Service No. 1496. Washington: U.S. Government Printing Office. $0.15.

U.S. Department of Health, Education, and Welfare, National Communicable Disease Center. *Morbidity and Mortality,* ACIP Recommendations 1969, Vol. 18, No. 43.

U.S. Department of Labor, Bureau of Labor Standards, *State Workmen's Compensation Laws.* Bulletin 161, Revised 1969.

U.S. Department of Labor, Bureau of Labor Standards. *Using Injury Statistics.* Bulletin No. 255. Washington: U.S. Government Printing Office. $0.15.

U.S. Department of Labor, Women's Bureau. *1969 Handbook on Women Workers.* Bulletin No. 294. Washington: U.S. Government Printing Office. $1.00.

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(*2*) American Medical Association, Department of Occupational Health. *Scope, Objectives, and Functions of Occupational Health Programs,* (No. 213), Chicago: The Association, 1960, 10 pp.

(*3*) National League for Nursing. *NLN Cost Analysis Method I and Method II,* Department of Public Health Nursing, NLN, Inc., 10 Columbus Circle, New York, N.Y. 1967.

(*4*) American Nurses Association. *Functions and Qualifications for an Occupational Health Nurse in a One-Nurse Service.* New York: The Association, 1968.

(*5*) American Association of Industrial Nurses, Inc. *Recommended Job Responsibilities* (Consultant, Administrator of a Health Service, Administrator of Nursing Services, Charge Nurse, Staff Nurse, Supervisor, Junior Supervisor). New York: The Association, 1960. $1. (Set).

(*6*) American Nurses Association. *Selected Areas of Knowledge or Skill Basic to Effective Practice of Occupational Health Nursing.* New York: The Association, 1966.

(*7*) American Medical Association, Department of Occupational Health. *The Legal Scope of Industrial Nursing Practice.* (No. 200) Chicago: The Association, 1959, 7 pp.

(*8*) American Nurses Association. *Guide for the Development of a Manual for an Employee Health Program.* New York: The Association, 1962. $0.50.

(*9*) Thompson, Karl Jefferson, and Sinnott, Margaret B. "A Health Interview Program." *AAIN Journal,* New York: The Association. April 1964, pp. 6–10.

(*10*) American Medical Association, Department of Occupational Health. *Management and an Occupational Health Program.* (No. 222) Chicago: The Association, 1961, 8 pp.

(*11*) American Medical Association, Department of Occupational Health. *Guide to Small Plant Occupational Health Programs.* (No. 237) Chicago: The Association, 1969, 10 pp.

(*12*) Felton, Jean Spencer, M.D., "Organization and Operation of an Occupational Health Program," *Journal Of Occupational Medicine,* Vol. 6, Nos. 1, 2, and 3, January, February, and March 1964.

(*13*) Small Business Administration. *Health Maintenance Programs.* 2d ed. Management Series No. 16. Washington: U.S. Government Printing Office, 1964, $0.30.

(*14*) National Society for the Prevention of Blindness, Inc. *The Occupational Health Nurse and Eye Care.* New York: The Association. $0.10.

(*15*) American Medical Association, Department of Occupational Health. *Guiding Principles and Procedures for Industrial Nurses in Care of Eye Injuries* (No. 215) Chicago: The Association, 1960, 7 pp.

(*16*) American Medical Association, Department of Occupational Health. *Guide to Developing an Industrial Disaster Medical Service* (No. 218) Chicago: The Association, 1967. 12 pp.

(*17*) U.S. Department of Health, Education, and Welfare, Division of Occupational Health. *Occupational Diseases, a Guide to Their Recognition.* Public Health Service Publication No. 1097. Washington: U.S. Government Printing Office, 1966. 75 pp. $1.25.

(*18*) American Board of Industrial Hygiene. "Industrial Hygiene Definition, Scope, Function, and Organization." *American Industrial Hygiene Association Journal,* Vol. 20, 1959.

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